# Littleton

## Received

FEB - 9 2015

CITY CLERK

Space Below For Office Use Only

#### REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:		
Fun Ivame of Committee/Ferson.	As Shown On Registration	ur Vote
Address of Committee/Person:	5574 S Huron St	
City, State & Zip Code:	Littleton CO80120	
Committee Type:	15549	
Name and Address of Financial Institution	Colo Business Bar	1/2 2409 Main 6+ NL HHILTON CO8012
Type of Report	R	
Regularly Scheduled Filing		*
Amended Filing. This amends Submit changes or new information		
<u></u>	ation Reports MUST Have a Monetary Balance of	Zero in Line 5)
<del></del>		
Check this box if this Repor	t Contains Electioneering Communication	is Information
Reporting Period Covered:	116 2015 Throug	h 2 04 2015
Declared Total Spending (if appli	765-03-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Date
[Art. XXVIII, Sec. 4(1)]	cable) \$	
	7	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of	of Reporting Period (monetary only)	\$ 1439.93
2 Total Monetary Contributions (line		\$ 744,44
3 Total of Monetary Contributions	& Beginning Amount (line 1 + line 2)	\$ 218492
4 Total Monetary Expenditures (line	19)	\$ 1.18
5 Funds on Hand at the End of Repo	orting Period (monetary) (line 3 – line 4)	\$ 2183.74
The appropriate officer (City Clerk	s) shall impose a penalty of \$50 per day for (Littleton Municipal Code 1-7-7)	each day that a report is filed late.
Authorization (Must be completed by	either the Registered Agent OR the Candidate): I	hereby certify and declare under
penalty of perjury, that to the best of m	v knowledge or belief all contributions receive	ed during this reporting period
including any contributions received in permissible sources.	the form of membership dues transferred by	a membership organization, are from
Print Registered Agent's Name:	oseph M Trujillo	5
Registered Agent's Signature:	Josep no Pright	Date: 2/09/15
Print Candidate Name:	2	
Candidates Signature:	<u>%</u>	Date:

#### **DETAILED SUMMARY**

Full Name of Committee/Person: Your Little ton Your Vote

Through 204 13 **Current Reporting Period:** 01/16/2015

Fund	ls on hand at the beginning of reporting period (Monetary Only)	\$ 143993
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 143993 \$ 725.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 19.99
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 744.99
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 744,99
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	s 1.18
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1.18
20	Total Spending (Line 18 + line 19)	\$ 1.18 \$ 1.18

#### Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: 40ur Littlefon- Your Vote

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE			
1. Date Accepted	4. Name (Last, First): Trujillo Joseph		
2. Contribution Amt.	5. Address: 6574 5 Huron St		
\$ 100.00	6. City/State/Zip: Luttletun CO 80120		
3. Aggregate Amt. *	7. Description: Cash		
1200	8. Employer (if applicable, mandatory): retired		
Check box if Electioneering	9. Occupation (if applicable, mandatory): retired		
Communication			
1. Date Accepted	4. Name (Last, First): Bingham Paul		
2. Contribution Amt.	5. Address: 236 W Delaware Cir		
\$ 10000	6. City/State/Zip: LIHIEton CO 80120		
3. Aggregate Amt. *	7. Description: Chelk		
	8. Employer (if applicable, mandatory): vetived		
☐ Check box if			
	9. Occupation (if applicable, mandatory): Vet (CO)		
Electioneering Communication	9. Occupation (if applicable, mandatory): retired		
Electioneering			
Electioneering Communication  1. Date Accepted 1 23 15	4. Name (Last, First): Lennon Mary Lennon		
Electioneering Communication  1. Date Accepted 1 23   5 2. Contribution Amt.	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 10000	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121		
Electioneering Communication  1. Date Accepted 1 23   5 2. Contribution Amt.	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 10000 3. Aggregate Amt. *	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retred		
Electioneering Communication  1. Date Accepted 1 23   5 2. Contribution Amt. \$   () () () () () 3. Aggregate Amt. * \$	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 1000 3. Aggregate Amt. * \$	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retred  9. Occupation (if applicable, mandatory): retred		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 1000 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retred  9. Occupation (if applicable, mandatory): retred  4. Name (Last, First): Lennon, John		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 1000 3. Aggregate Amt. * \$	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retred  9. Occupation (if applicable, mandatory): retred  4. Name (Last, First): Lennon, John		
Electioneering Communication  1. Date Accepted 1 23   5 2. Contribution Amt. \$ 1000  3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted ( 23   5 2. Contribution Amt. \$ (0000)	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retred  9. Occupation (if applicable, mandatory): retred		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 1000 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted ( 23 16 2. Contribution Amt. \$ (0000 3. Aggregate Amt. *	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retred  9. Occupation (if applicable, mandatory): retried  4. Name (Last, First): Lennon, John  5. Address: 2356 Crabtree Dr		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 1000 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ (0) 0 0 3. Aggregate Amt. * \$	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80122 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retired  9. Occupation (if applicable, mandatory): retired  4. Name (Last, First): Lennon, John  5. Address: 2356 Crabtree Dr  6. City/State/Zip: Centennial CO 80121		
Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 1000 3. Aggregate Amt. * \$  Check box if Electioneering Communication  1. Date Accepted 1 23 15 2. Contribution Amt. \$ 10000 3. Aggregate Amt. *	4. Name (Last, First): Lennon Mary Lennon  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial Co 80121  7. Description: Cash  8. Employer (if applicable, mandatory): retired  9. Occupation (if applicable, mandatory): retired  4. Name (Last, First): Lennon, John  5. Address: 2356 Crobtree Dr  6. City/State/Zip: Centennial CO 80121  7. Description: Cash		

<sup>\*</sup> For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

#### Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Your Littleton - Your Vote

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE		
1. Date Accepted 123 5 2. Contribution Amt. \$ 5000 3. Aggregate Amt. * \$  Check box if Electioneering Communication	4. Name (Last, First): B(OWN, NOVM)  5. Address: 6081 S Sp6 t Swood  6. City/State/Zip: Letter CO 80120  7. Description: Cash  8. Employer (if applicable, mandatory): vetived  9. Occupation (if applicable, mandatory): vetived	
1. Date Accepted 1 28 15 2. Contribution Amt. \$ 2500 3. Aggregate Amt. * \$  Check box if Electioneering Communication	4. Name (Last, First): Raymond Flesher  5. Address: 620   5 Cedar St  6. City/State/Zip: Lettleton CO 80120  7. Description: paypal  8. Employer (if applicable, mandatory): retired  9. Occupation (if applicable, mandatory): retired	
1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. *  \$  Check box if Electioneering Communication	4. Name (Last, First):	
1. Date Accepted  2. Contribution Amt. \$ 3. Aggregate Amt. *  \$  Check box if Electioneering Communication	4. Name (Last, First):  5. Address:  6. City/State/Zip:  7. Description:  8. Employer (if applicable, mandatory):  9. Occupation (if applicable, mandatory):	

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

### Statement of Non-Monetary Contributions [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Com	mittee/Person: Your Littleton Your Vote
PLEASE PRINT/TYPE	
1. Date Provided	4. Name (Last, First): Brzeczek Carol
1/30/2015	5. Address: 2000 W Arapahor Rd
2. Fair Market Value	6. City/State/Zip: Littleton CO 80120
\$ 577.94	7. Description: SIGNS
3. Aggregate Amt. \$ (0() 2 94	8. Employer (if applicable, mandatory): self employed
☐ Check box if	9. Occupation (if applicable, mandatory): Scamstvess
Electioneering Communication	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party.
1. Date Provided	4. Name (Last, First): Crown Trophy
i 23   15 2. Fair Market Value	5. Address: 1099 W Littleton Blvd
•	6. City/State/Zip: Littleton CO 80120
3. Aggregate Amt.	7. Description: banner + stickers
\$ 46900	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party.
Date Provided	
1. Date Provided	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10.   Check box if Coordinated with a Candidate/Candidate Committee or Political Party.

<sup>\*</sup> Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expethat are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expendit the candidate committee."